

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN437AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2011
NAME OF PROVIDER OR SUPPLIER VIEWCREST ADULT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3921 KINGS ROW RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted between 3/2/11 and 3/4/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for seven Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, Category II residents. The census at the time of the survey was six.</p> <p>Complaint #NV00027621. The allegation regarding a blocked fire exit and an inability to watch a variety of television shows was not substantiated through interviews with residents and staff, as well as observations of resident activity and resident rooms.</p> <p>#NV00027621: The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 3/2/11.</p> <p>The investigation for the allegation that an exit door was blocked included:</p> <ul style="list-style-type: none"> - Observation of a resident's room where the headboard of the bed was positioned against a single wood door. Within the same room there was a sliding glass door leading out to the back patio marked with an exit sign. 	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	<p>Continued From page 1</p> <ul style="list-style-type: none"> - An interview was conducted with the Administrator who stated the door in question was previously approved as a non-exit door since there was an alternative exit to outdoor space from the same room. <p>The investigation for the allegation that residents were allowed to only watch religious programs on television included:</p> <ul style="list-style-type: none"> - Interviews were conducted with staff and several residents who described a large variety of favorite television shows the residents watched on a regular basis. - Observations of residents during the investigative visit included all six residents watching a television variety talk show. 	Y 000			

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